

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 1121 Office of Registrar of Vital Statistics.

Ward 6<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 8 1887

Full Name of Deceased, Augusta Meding  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female  
{ Cross out the word not required in this line. }

Age, 24 Years, 4 Months, 7 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, Single  
{ Cross out the words not required in this line. }

Occupation, Brookings

Birth Place, Baltimore Md.  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, 1306 N. Gay Street  
{ Give Street and Number. }

Cause of Death, Tubercular Laryngitis  
+ Bronchitis  
{ First (Primary), Second (Immediate). }

Duration of Last Sickness, Don't know

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem.

Date of Burial, July 10 1887

Undertaker, John Herwig M. D.

Place of Business, 208 Orleans St. Address, 1429 N. Gay St.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 1122 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 8<sup>th</sup> 1887  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William August L. Greenman  
Sex, Male or Female, { Cross out the word not required in this line. }  
Age, 1 Years, 14 Months, 10 Days.  
Color, White  
~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }  
Occupation, Baet.  
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baet.  
Duration of Residence in the City of Baltimore, 1271  
Place of Death, { Give Street and Number. } Johnson St.  
Cause of Death, { First (Primary), Second (Immediate), } Marasmus  
Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery  
Date of Burial, July 10 1887  
Bernard Harle Undertaker, Louis Chs Horn M. D. Medical Attendant.  
Place of Business, 13 West St. Address, Hubberty & Myrtle av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



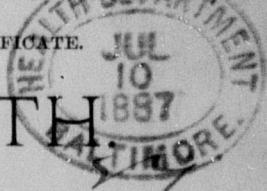
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 1123 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH

Date of Death, July 9

Full Name of Deceased, Annie M. Martens  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, 9 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, B. City  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 9 days

Place of Death, 180 W. Fort Ave  
{ Give Street and Number. }

Cause of Death, Tetanus  
As Convulsion  
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cem

Date of Burial, July 11 - 87

Undertaker, C. F. Krause R. H. P. Ellis M. D.  
Medical Attendant.

Place of Business, 703 Howard Address, 25 Lybb

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 1124 Office of Registrar of Vital Statistics.

Ward 6<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 9 July 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret A Wright

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 62 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married ✓

Occupation, House Keeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } U. S.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give Street and Number. } 1934. E Chase St.

Cause of Death, { First (Primary), Second (Immediate), } Cerebral Hemorrhage  
Paralysis

Duration of Last Sickness, about 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, July 11<sup>th</sup> 1887

{ Undertaker, A. Pink & Son Thomas J. Summs M. D. Medical Attendant.

{ Place of Business, 915 N. Gay St Address, 804 V. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. A. 1125 Office of Registrar of Vital Statistics.

Ward 84

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Croonther

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 37 Years,

Months,

Days,

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Stone Mason

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto Co Md

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, { Give Street and Number. } 1538 Aisguth St

Cause of Death, { First (Primary), Second (Immediate), } Myelitis

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, July 12th 1887

Undertaker, A. Pinkston

W. B. Billings M. D.  
Medical Attendant.

Place of Business, 915 N. Gay St

Address, 1206 E. Preston St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 1126 Office of Registrar of Vital Statistics.

Ward 4<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 9 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. Hy. Sutton

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, One Years, 14 Months,  Days

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 154 East St

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum  
Convulsion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Asbury E Cemetery

Date of Burial, July 10 1887

{ Undertaker,  Wills and Sons Medical Attendant. E. C. Baldwin

M. D.

{ Place of Business,  150 East St Address,  304 N. E. St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Board of Health, City of Baltimore,

3<sup>rd</sup>

Permit No. A 1127

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 9<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Well

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Between 65 & 70 Years, Months, Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Cook

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number. } 207 S Spring St

Cause of Death, { First (Primary,) Second (Immediate,) } old age  
Drunk

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, July 11<sup>th</sup> 1887

Undertaker, John S. Macher

Place of Business, No Cor Camden & Dora Address 645 Columbia Ave

Edmond Kirby M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the

## Board of Health, City of Baltimore.

Permit No. A. 1138, Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Sunday July 10<sup>th</sup> 87  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anne M. Park  
Sex, Male or Female, { Cross out the word not required in this line. } Female  
Age, 8 2 Years, — Months, — Days,  
Color, White  
Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow  
Occupation, —  
Birthplace, { State or country, and how long in the United States, if of foreign birth. } Rock County - Ind.  
Duration of Residence in the City of Baltimore, 45 years  
Place of Death, { Give street and Number. } 718 E. Guilford St  
Cause of Death, { First (Primary), Senility  
Second (Immediate), Inanition

Duration of Last Sickness, —  
All the above information should be furnished by the Physician.  
Place of Burial, Princes Anne Md  
Date of Burial, July 11<sup>th</sup> 1887  
{ Undertaker, J. Andrews  
Place of Business, 10407 Grand Hall }  
Address, Park Ave & Elm St  
Medical Attendant, — M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

4756



# Health Department, City of Baltimore.

Permit No. A 1129 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 9<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael M. Parlan

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 33 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 11 years

Place of Death, { Give Street and Number. } Clayton St

Cause of Death, { First (Primary), Second (Immediate), } Phthisis

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Bree Cemetery

Date of Burial, July 11/87

{ Undertaker, Daniel Ryan } O. A. Cooke M. D. Medical Attendant.

{ Place of Business, 42 E. West St } Address, 154 T-st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No.

1130

Office of Registrar of Vital Statistics.

Ward

9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

July 9<sup>th</sup> 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Owen H. Taft

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

30<sup>1</sup>/<sub>2</sub>

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Salesman

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Vermont

Duration of Residence in the City of Baltimore,

6 Months

Place of Death,

{ Give Street and Number. }

City Hospital

Cause of Death,

{ First (Primary),

Accidentally run over by Cars at Union Station

Second (Immediate),

Shock,

Duration of Last Sickness,

13 hours

All the above information should be furnished by the Physician.

Place of Burial,

Public Cem

Date of Burial,

July 11<sup>th</sup> 1887

{ Undertaker,

Geo. R. R. R.

M. D.

{ Place of Business,

Health Dept

Address,

Coroner N.E. District

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]